

Assessment of young people at risk of suicide (for use by counsellor)

This tool has been developed for use by a trained counsellor or person who must make a judgement about level of risk as part of the identification and referral process.

During the interview with the young person, investigate each of the areas and categorise the response as low, moderate, or high risk. In investigating any possible suicide plan, it is important

to use direct questions as the young person is likely to be reluctant to volunteer the information. Direct questioning will not aggravate the risk of suicide, but failure to fully investigate, categorise the risk and respond appropriately may result in a suicide that could have been avoided. Finally, on the basis of the young person's responses, determine which of the three risk levels – low, moderate or high – best describes the situation and proceed with the management plan for that level of risk (see Tool 2).

AREAS TO CONSIDER		Evaluation of personal difficulties		Depression or other mental health problems	Coping behaviour	Positive Resources	Communication	Lifestyle	Previous suicide attempts	Suicide plan details	
Stress											
LOW RISK		No significant stress		Mild: feels slightly down	Occasional thoughts about suicide. Daily activities continue as usual with little change	Help available: significant others concerned and willing to help	Direct expression of feelings and suicidal thoughts ('Life's not worth living')	Stable relationships, personality and school performance	None	<ul style="list-style-type: none">• No plan• Never considered availability of means• No specific time; or some time in the future• Others are present most of the time	<ul style="list-style-type: none">• Availability of means• Time• Lethality of method• Chance of intervention
		Moderate reaction to loss or environmental changes		Moderate: some moodiness, sadness, irritability, loneliness and decrease of energy	More than one suicidal thought per day. Some daily activities disrupted	Family and friends available but unwilling to help consistently	Interpersonalised suicide goal ('They'll be sorry', 'I'll show them', 'I don't deserve to live' or 'I want to be with someone who has died')	Recent acting out behaviour or substance abuse	One or more of low lethality or one of medium lethality: history of repeated threats	<ul style="list-style-type: none">• Some specifics• Available, has means close by• Within a few hours• Drugs and alcohol, car-wreck• Less lethal methods – pills, slash wrists• Others available if called upon	
		Severe reaction to loss or environment change		Overwhelmed with hopelessness, sadness and anger (verbal / physical)	May resist help	Family or friends not available or hostile, exhausted or injurious	Direct expression of immediate suicidal plans or expression of guilt or worthlessness or absence of reasons for living	Suicidal behaviour in unstable personality: emotional disturbance: repeated difficulty with peers, family and teachers	One of high lethality or multiple of moderate lethality	<ul style="list-style-type: none">• Well thought out: knows when, where, how• Has the means at hand• Immediately• Gun, hanging, jumping, carbon monoxide• No-one nearby: isolated	
MODERATE RISK											
HIGH RISK											

Appendix

Tool 2

Management of young people at risk of suicide (for use by counsellor)

ACTION		LOW RISK		MODERATE RISK		HIGH RISK	
Immediate intervention	Consultation	Referral	Follow up	Immediate intervention	Consultation	Referral	Follow up
<p>Consult with the principal who then informs the appropriate staff</p> <p>Establish an appropriate regime to monitor the person's suicide risk</p> <p>Check on family and other supports available and, as appropriate, involve them</p>	<p>Consult with the principal and then, as appropriate, staff and parents / guardians</p> <p>Counsellor to consult with supervisor as necessary</p> <p>Check if other services are involved and coordinate</p>	<p>Provide information to the young person (and, as appropriate, the family) about available resources</p>	<p>Regular review of the young person to identify any changes in risk</p> <p>If there has been no improvement in four to six weeks, then treat as if the risk were moderate and seek additional assistance</p>	<p>Take a team approach to ensure the safety of the student while at school</p> <p>Principal to inform parents / caregivers, as appropriate, and discuss strategies appropriate to the level of risk</p> <p>Establish an appropriate regime to monitor the young person's suicide risk</p> <p>Arrange for the young person to get access to the appropriate level of counselling / treatment</p>	<p>Counsellor to consult with health professionals to discuss the actions required</p> <p>Counsellor to consult with supervisor as necessary</p> <p>Check if other services are involved and coordinate</p>	<p>Recommend to the family appropriate agencies or other resources, and assist them in accessing the services</p>	<p>Check outcome of any referral with the health professional and the family</p> <p>Monitor risk and behaviours within the school environment and take action as appropriate</p> <p>Ensure all staff involved with the young person report all incidents which cause concern (risk factors)</p>
<p>Consult with the principal who will then inform the appropriate staff to minimise any immediate risk</p> <p>Principal to contact the parents / caregivers about the risk and proposed management as appropriate</p> <p>Counsellor to ensure the young person's immediate safety, arrange for any handover of responsibility to parents or health professionals (including informing parents of safety precautions)</p> <p>Refer to relevant health service</p>	<p>Continue contact with the young person and their family / caregiver to ensure the required level of service is being provided, and to facilitate a smooth return to normal</p> <p>Consult with health professionals to ensure they know of current level of risk, any behaviours evidenced in the school, and that the appropriate services are being accessed</p> <p>Counsellor to consult with supervisor as necessary</p>	<p>Counsellor to make a referral to an appropriate professional for further assessment and primary management, in collaboration with the young person and, where possible, the person's parents / caregivers</p>	<p>Check outcome of any referral with the health professional and family</p> <p>Ensure all staff involved with the young person report all incidents which cause concern</p> <p>Liaise with family to ensure they have the support required, and that the young person's environment is safe (remove the means of suicide: support and closely monitor appropriately)</p> <p>Prior to return to school, plan reintegration and establish necessary monitoring and support</p>				